(512)463-5800

### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

1-800-325-8506

The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST Shirley	/ C -	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Thompso	o <b>n</b>	
4 CANDIDATE/ OFFICEHOLDER ADDRESS	P.O. Box 6817a	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address	San Antonio, TX	78268	Date Francisco di Date i Standardo
5 CAMPAIGN TREASURER	TITLE FIRST	Virginia	
NAME	NICKNAME LAST	VIIGINIA	Receipt # Amount  Qate Processed
	Petty		Datè-Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street ADDRESS (NO PO BOX PLEASE): APT/SUI 6750 Lendel San Antonio,	1	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 691-055	EXTENSION	
8 REPORTTYPE	January 15 30th day before election  July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	7 / 1 / 01 THRO	12/31.	/01
10 ELECTION	Month Day Year ELECTION TYLE		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign experiments of Candidates are required to disclose this information of the control of the cont	enditures made by others without the can	ndidate's prior consent prapproval
BY OTHER INDIVIDUALS	Name	, 	
additional pages	Address / PO Box; Apt. / Suite #: City; State,	Zip Code	
	GO ТО	PAGE 2	<b>9</b> 1

Austin, Texas 78711-2070

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)			
16 NOTICE FROM POLITICAL	This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 NO REPORTABLE ACTIVITY	Check here if r	no reportable activity occurred during this reporting period. (Sign affidavit bek	ow and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ 92			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS. OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED \$					
	4. TOTAL	L POLITICAL EXPENDITURES \$ CT				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$			
19 AFFIDAVIT						
		I swear, or affirm, under penalty of point is true and correct and includes all in me under Title 15, Election Code.				
	ANNA HERNANDE Notary Public STATE OF TEXA	Signature of Candid	Rompson Jate or Officeholder			
	My Comm. Exp. 10-02	2-2005				
		the said Shirley Thompson tify which, witness my hand and seal of office.	, this the15 th_ day			
Oma Ho	) Mamalu ministering oath	y Anna Heinandez	No for y e of officer administering oath			

P.O. Box 12070

CANDIDA	TE/OFFICEHOLDER ON FINANCE REPORT	FORM C/OH COVER SHEET PG 1
this form.	ON GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Shirley Shirley	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE # CITY: STATE TROOPS	
OFFICEHOLDER ADDRESS	P.O. Box 681705	
Change of Address		Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	Mary Virginia	Receipt # Amount
	NICKNAME LAST SUFFIX	Date Processed  Oate Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE:  6750 Lendell Dr.	ZIP CODE
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	9
TREASURER PHONE	(210) 691-055/	
8 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officiholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month Day Year HROUGH 6/30/	Year (01
0 ELECTION	ELECTION DATE Month Day Year  Primary Runoff G	ieneral Special
1 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT (if known)	
3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candid Candidates are required to disclose this information only if they receive notification of the direct of Name	campaign expenditure. ••
BY OTHER INDIVIDUALS	Address / PO Box; Apt. / Suite #; City; State; Zip Code	: -
additional pages		
	GO TO PAGE 2	

<b>1 - - - - - -</b>			<u>(512)463-5800</u> 1-800-325-85
CANDIDA	ATE / OFFI	CEHOLDER REPORT:	FORM C/OH
SUPPUR	T & TOTA	LS	COVER SHEET PG 2
			SOUTH CHEEF PG Z
14 C/OH NAME	Shirle	The CHITCH SALANTONIO	15 ACCOUNT #(Ethics Commission flors)
16 NOTICE			
FROM	** This box is for n	otics of political expenditures by political committees to support the candi the without the candidate's or officeholder's knowledge or cofteen? Candidate	date / officeholder. These expectitions
POLITICAL	this information only	le without the candidate's or officeholder's knowledge or consent?	tes and officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE	N.I.	
		L None	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		THE SOURCE NAME	
additional pages	1		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
7 NO REPORTABLE			
ACTIVITY		o reportable activity occurred during this reporting period. (Sign affidavit below	
		Committee and the reporting period. (Sign affidavit below	v and submit pages 1 and 2 only.)
CONTRIBUTION	1. TOTAL P	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
ļ	2 70711		
	2. TOTAL (OTHER )	POLITICAL CONTRIBUTIONS  THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
		111010, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	
·OIALS		THE STATE OF THE S	\$ 80700
ļ-	4 20-11		1 00 1.07
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 807.07 \$ 807.07
		·	\$ 807.07
OUTSTANDING LOAN TOTALS	5. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	1
COANTOTALS	LAST DAY	OF THE REPORTING PERIOD	s
AFFIDAVIT			
AFFIDAVII			
		I sweer, or affirm, under penalty of perju	ry, that the accompanying report
		is true and correct and includes all infor	mation required to be reported by
		ine under Title 15, Election Code.	
		_	
		Sherrey Thon	, 1
		Standard of Consider	or Office holds
		_	- University
AFFIX NOTARY STAMP /	SEAL ABOVE		
			, 1
vorn to and subscribed	d before me, by the	said Shirley Thomoson	nis the 16th day
JULY . 20 C	/, to gertify	\0000000000000000000000000000000000000	day
$\bigcap \bigcap \bigcap$	· /hn	CHRISTINE LOFFLER	
MILATIAN	/ Koll /	Motary/Public, State of Texas	16.6.
Signature of officer admin	isterior cett	WALL BUTTER OF THE	WHOUNT (NOIC)
		Title of	officer administering oath

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	TON Guide explains how to complete this form.	CHY BY EVEN AN UNHOUSE PAGE	M Schadida E
2 FILER NAM			
4 Date	Shirley Thompson	2001 JUL 17 A 9 38 300 1	T # (Ethics Commission filers)
4/26/01	KSLR Radio		7 Amount (\$)
1/24/	KSLR Radio 6 Payon address; City: State; Zip Code 9601 MCAllister 1	wy Ste 1200	\$765.00
R	adio Advertisment	9 Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH Office sought Office held
Date	Payee name Checko'S		Amount (\$)
4/28/01	Payee address: Cay: State: Zip Code 1255 SW Loop 4 San Antonio TX	10 # 146	42.07
Purpose of pay required.)	yment (See instructions regarding type of information	·· Complete if direct expenditure	
Campai	gn Literature, signs	Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	W.
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to Candidate / Officeholder name     Candidate / Officeholder name	o benefit C/OH Moe sought Office held
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	
	<del></del>	<del>-</del>	÷ -
Purpose of payr required.)	nent (See instructions regarding type of information	→ Complete if direct expenditure to Candidate / Officeholder name Officeholder name	p benefit C/OH ↔ Rice sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

CAMPAIC	ATE/OFFICEHOLDER SN FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCT this form.  3 CANDIDATE/	TITLE SIDET 2001 NO ACCOUNT # AND TO THE	2 Total pages filed:
OFFICEHOLDER NAME		OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	Thompson  ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE  P.O. BOX 681705	
Change of Address	1	Date Hand-delivered or Date Postmerked
5 CAMPAIGN TREASURER NAME	MARY VIRGINIA  NICKNAME  Petty  Petty	Receipt # Amount  Date Processed  Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: 6750 Lendell Dr. San Antonia TX. 7824	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(210)  691 - 0.557$	9
8 REPORT TYPE	July 15 Sth day before election Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH 6/30/	Year (O1
10 ELECTION	ELECTION DATE  Month Day Year  Primary Runoff G	eneral Special
11 OFFICE	OFFICE HELD (if any)  12 OFFICE SOUGHT (if known)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures made by others without the candid Candidates are required to disclose this information only if they receive notification of the direct of Name	zampaign expenditure. ••
INDIVIDUALS	Address / PO Box: Apt. / Suite #: City: State: Zip Code	
	GO TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH

			COVER SHEET PG
14 C/OH NAME	Shirle	1 Thompson CLERK	15 ACCOUNT #(Etrics Commission Sers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for ni may have been mad this information only	bice of political expenditures by political committees to support the candi le without the candidate's originate delers knowledge or consent. Candida if they receive notice of such expenditures.	date / officeholder. These expenditures tes and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY		reportable activity occurred during this reporting period. (Sign affidavit below	v and submit pages 1 and 2 only.)
S CONTRIBUTION TOTALS	1. TOTAL POPULEDGES	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN E. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EVPENOR	(OTHER T	OLITICAL CONTRIBUTIONS HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		LITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 807.07
	4. TOTAL P	OLITICAL EXPENDITURES	\$ 807.07 \$ 807.07
OUTSTANDING LOAN TOTALS	5. TOTAL PRI	NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	
19 AFFIDAVIT			\$
		i swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code.	ry, that the accompanying report nation required to be reported by
		Sherley Thom	nsen)
AFFIX NOTARY STAMP /	SEAL ABOVE	<u>-</u>	
Sworn to and subscribed of $\frac{1}{2}$	_ /	pocococococococococococococococococococ	s the 16 th day
Caristine	Sella	CHRISTINE LOFFLER  Notary/Public, State of Toyes  Ny Completion February 18-20/2081	Man Dillir
Signature of officer admin	stering cath	SBande Communication Country Country Title of of	Toer administering oath

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1	TE/OFFICEHOLDER IN FINANCE REPORT	· 01/200-5 221	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTE this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	12 <sup>9</sup> Total pages filed:
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST Shirley	/ <u>M</u>	OFFICE USE ONLY
NAME	NICKNAME LAST Thomps	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	P.O. Box 6817	105	Date Hand-delivered or Date Postmarked
Change of Address	San Antonio,		
5 CAMPAIGN TREASURER NAME	NICKNAME LAST	Virginia	Receipt # Amount  Date Processed
	Petty		Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please); apt/sur 6750 Lendi San Antor	ell Dr.	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	_	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election		Final report (Attach C/OH - FR)
9 PERIOD COVERED	2 / 20/ 0 1 THROU	ugh 4/5	
10 ELECTION	Morith Day Year ELECTION TYP	Runoff	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (# kno	•
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exper Candidates are required to disclose this information o	nditures made by others without the ca	andidate's prior consent or approval.
BY OTHER INDIVIDUALS	None		<del>-</del>
additional pages	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
	GO TO I	PAGE 2	

CANDIDA'	TE / OFFIC	CEHOLDER	REPORT:		FC	ORM C/OH
SUPPORT	& TOTAL	.s 🖖	1 10 P 5 1111	C	OVER S	HEET PG 2
14 C/OH NAME	hirley	C. Thom	pson	15 A	CCOUNT#(	Ethics Commission flers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures to e without the candidate's or off if they receive notice of such e	y political committees to support t ficeholder's knowledge or consent. xpenditures. ••	he candidate / c Candidates an	officeholder. 77 d officeholders	hese expenditures are required to report
,	COMMITTEE TYPE	COMMITTEE NAME  Non 6				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
additional pages		COMMITTEE CAMPAIGN TREA				
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
17 NO REPORTABLE ACTIVITY			during this reporting period. (Sign a		submit pages 1 a	and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIO ES, LOANS, OR GUARANT	ŃS OF \$50 OR LESS (OTHER EES OF LOANS), UNLESS ITE	THAN MIZED	\$	
		POLITICAL CONTRIB	UTIONS OR GUARANTEES OF LOANS	S)	\$ 6	45.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURE	S OF \$50 OR LESS, UNLESS I	ITEMIZED	\$	
	4. TOTAL	POLITICAL EXPENDIT	TURES		\$ 2	230.70
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF A LY OF THE REPORTING P	LL OUTSTANDING LOANS AS ERIOD	OF THE	\$	Ø
19 AFFIDAVIT	BONINA PUBLICA		I swear, or affirm, under pena is true and correct and includ- me under Title 15, Election C	es all informa		
STATE OF	FTEXAS IIII		Shirley C	Thom f Candidate 6	PLOY r Officeholde	<u>)</u>
Sworm to and subscrib	$\sim 1$	2.2	lan Thompson	, thi	s the	day
Signature of officer adr	B. BOU	Printed name of of	in B. Buttle increase in the second s	Title of o	SM () fficer adminis	tering oath

Texas Ethics Co	mmission P.O. Box 12070 Austi	n, Texas 787/11-207	7 <u>0 (512) 46</u>	33-5800 1-800-325-85(
1	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	IS 01/202	(FOR FOR	SCHEDULE A1 IMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	ON GUIDE explains how to complete this form.		1/ Total pages this	Schedule A1:
2 FILER NAM	Shirley C. Thom	osen	3 ACCOUNT # (Et	thics Commission filers)
4 Date 2/2(;	5 Full name of contributor out-of-state PAC (ID#)  RCY JCAY State; Zip Code  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) #20.00	8 In-kind contribution description (if applicable)
9 Principal occu	upation (Optional)	10 Employer (Option	nai)	<u> </u>
Date 3// 8	Full name of contributor out-of-state PAC (ID#:_  Robert Demetrica Yac  Contributor address; City; State; Zip Code	ing	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Option	ai)	
) Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Options	al)	
Date 3/20	Full name of contributor out-of-state PAC (ID#:_  A. Delaney  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	ai)	
) Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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Texas Ethics Cor	mmission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
•	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	s <sup>01</sup> /2/2	(FOR FOR	SCHEDULE A1 (MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	GUIDE explains how to complete this form.		1 Total pages/this	Schedule A1:
2 FILER NAME	5 Full name of contributor Qui-of-state PAC (ID#:_	1pscn	3 ACCOUNT # (Et	
3/.2.2	1 - /		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	 pation (Optional)	10 Employer (Option	ai)	
3/23	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	ai)	
) 3/23	Full name of contributor out-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	i)	
3/24	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optional	()	
3/26	Full name of contributorout-of-state PAC (IDIt:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)	Employer (Optional	)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

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Texas Ethics Co	ommission P.O. Bo	ox 12070 Aus	tin, Texas 78711-20	70 (512) 46	53-5800 1-800-325-85
	ICAL CONTRIB		25	(FOR FOR	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instructi	ON GUIDE explains how to con	mplete this form.	0 4/1/:40	1 Total pages this	Schedule A1:
2 FILER NAM	C'	hompson		3 ACCOUNT # (E	thics Commission filers)
4 Date	5 Full name of contributor  A//(Y/)  6 Contributor address;	out-of-state PAC (IDI or ker City; State; Zip Cod		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	upation (Optional)		10 Employer (Option	nal)	
Date 2/28	Full name of contributor  AGFY  Contributor address;	out-of-state PAC (ID#	144	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)		<sup>*</sup> Employer (Option	eal)	
Qate	Full name of contributor  Contributor address;	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	-	Employer (Option:	ai)	
Date	Full name of contributor  Contributor address;	out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Options	ai)		
Date	Full name of contributor	out-of-state PAC (IDIt:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address;	City; State; Zip Code		<u>-</u>	4 - 7
Principal occupation (Optional)		Employer (Optional)			
If contri	ATTACH /	ADDITIONAL COPIE C, please see instr			ng requirements.

			-
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P.O. Box 12070

POLITION MADE	CAL EXPENDITURES FROM PERSONAL FUNDS	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	SCHEDULE G	
The Instruction	$oldsymbol{1}_{O}^{ ext{Total pages Schedul}}$	le G:		
2 FILER NAMI	phirley C. Thompson	3 ACCOUNT # (Ethics	Commission filers)	
4 Date 2/26/C1	5 Payee name MINUTEMAN Press 6 Payee address; City; State; Zip Code		Amount (\$) 92.26	
	7 Purpose of expenditure (See instructions regarding type of information required of the second of t	(.benit	Reimbursement from political contributions intended	
3/15/01	Payee address; City; State; Zip Code	alleyBr	Amount (\$)	
3/28/01	SATX, 78238  Purpose of expenditure (See instructions regarding type of information requirements of the second sec	uired.)	Reimbursement from political contributions	
Date	Payee name C . T		intended Amount	
3/06/01 3/07/01 3/08/01	Office Depat Payee address: City: State: Ilip Code 5601 Bandera Rd S.A. TX 78238		36.44	
3/00/0	Purpose of expenditure (See instructions regarding type of information requ	rired.)	Reimbursement from political contributions intended	
	Payee name  SSFCU  Payee address; City; State; Zip Code  POBCX 27377  SATX 78227		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information req	Jired.)	Reimbursement from political contributions intended	
Date	Payee name		Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requ	ired.)	Reimbursement from political contributions intended	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

P.O. Box 12070

	MENT FROM POLITICAL CONT BUSINESS OF C/OH	RIBUTIONS		SCHEDULE H
The Instr	истюм Guide explains how to complete this form.		1 Total pages Sche	dule H:
2 FILERN	AME		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Business name	*		7 Amount (\$)
	6 Business address; City; State; Zip Code	•		
8 Purpose o required.)	f payment (See instructions regarding type of information	9 Complet Candidate / Officeho	e if direct expenditure t older name	o benefit C/OH •• Office sought Office held
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
				~
Purpose of required.)	payment (See instructions regarding type of information	Complete Candidate / Officeho	e if direct expenditure to klder name O	o benefit C/OH ↔ ffice saught Office held
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code			
Purpose of required.)	payment (See instructions regarding type of information	Complete Candidate / Officehol	e if direct expenditure to Ider name O	b benefit C/OH ffice sought Office held
Date	Business name			Amount (\$)
	Business address; City; State; Zip Code		<del>-</del>	. ·
Purpose of required.)	раутпепt (See instructions regarding type of information	Complete Candidate / Officahol	a if direct expenditure to Ider name Of	b benefit C/OH flice sought Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM A	AS NEEDED	